| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).            |   |                                |  |                                    | Complete if Known         |                  |   |             |   |  |
|--|---|--------------------------------|--|------------------------------------|---------------------------|------------------|---|-------------|---|--|
|  |   |                                |  |                                    | Application Number        |                  | 21                                      |             |   |  |
| FEE TRANSMITTAL  |   |                                |  |                                    | Filing Date               |                  | 5                                       |             |   |  |
| For FY 2009  |   |                                |  |                                    | Named Inventor            | <del> </del>     |   |             |   |  |
| Applicant claims small entity status. See 37 CFR 1.27  |   |                                |  |                                    | Examiner Name             |                  | an                                      | ····        | *************************************** |  |
| Applicant Gains small entity status. See 37 CFR 1.27   |   |                                |  |                                    | Art Unit                  |                  |   |             |   |  |
| TOTAL AMOUNT OF PAYMENT (\$) 425.00  |   |                                |  |                                    | Attorney Docket 1376 -    |                  | 53035                                   |             | A                                       |  |
| METHOD OF PA   | YMENT (check                                | all that apply)                |  |                                    |                           |                  |   |             |   |  |
| Check Credit Card Money Order Other (please identify):   |   |                                |  |                                    |                           |                  |   |             |   |  |
| Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:  |   |                                |  |                                    |                           |                  |   |             |   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)         |   |                                |  |                                    |                           |                  |   |             |   |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                         |   |                                |  |                                    |                           |                  |   |             |   |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                             |   |                                |  |                                    |                           |                  |   |             |   |  |
| WARNING: Informati   | on on this form may                         | become public. C               | Credit card in   | nformation shou                    | ld not be included o      | n this form. Pro | ovide credit c                          | ard         |   |  |
| FEE CALCULATI  |   | CANALAN TRANSPORTER OF COMPANY | e unon fil   | ing or may h                       | e subject to a si         | urcharge )       |   |             |   |  |
| os es autrasticas para conservadas e estados filhas del Constituto del y de comentación de encuestra que en co |   |                                | ACCORDING TO STATE OF A STATE OF THE STATE O | an o'Arena and a real and a second | c subject to a si         | ui chai ge.)     |   |             |   |  |
| I. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES                        |   |                                |  |                                    |                           |                  |   |             |   |  |
| Small Entity Sma   |   |                                |  |                                    | l Entity Small Entity     |                  |   |             |   |  |
|  |   | Fee (\$)                       | Fee (\$)   | Fee (\$)                           | Fees Pa                   |                  | <u>aid (\$)</u>                         |             |   |  |
| Utility  | 330   | 82                             | 540  | 270                                | 220                       | 110              |   |             |   |  |
| Design   | 220   | 110                            | 100  | 50                                 | 140                       | 70               |   |             |   |  |
| Plant  | 220   | 110                            | 330  | 165                                | 170                       | 85               |   | •           |   |  |
| Reissue  | 330   | 165                            | 540  | 270                                | 650                       | 325              |   |             |   |  |
| Provisional  | 220   | 110                            | 0  | 0                                  | 0                         | 0                |   |             |   |  |
| 2. EXCESS CLA  | IM FEES                                     |                                |  |                                    |                           |                  |   |             | Small Entity                            |  |
| Fee Oescription Fee (\$)   |   |                                |  |                                    |                           |                  |   |             | <u>Fee (\$)</u>                         |  |
| Each claim over 20 (including Reissues) 52   |   |                                |  |                                    |                           |                  |   |             | 26                                      |  |
| Each independent claim over 3 (including Reissues)   |   |                                |  |                                    |                           |                  |   | 220         | 110                                     |  |
| Multiple dependen  |   | Entre Clair                    | Т  | For (0)                            | For Doid (f)              |                  | <b>7</b> ./                             | 390<br>[[4] | 195                                     |  |
| Total Claims   | al Claims - 20 or HP Extra Claims Fee of x  |                                |  | <u>ree (\$)</u>                    | Fee Paid (\$)             |                  | <u>IV</u>                               | Fee (\$)    | Fee Paid (\$)                           |  |
| HP = highest numb  | er of total claims pa                       | id for, if greater th          | -  |                                    |                           |                  |   | rectar      | ree I aid (5)                           |  |
| Indep. Claims  | -3 or HP                                    | Extra Clair                    | ms ]   | Fee (\$)                           | Fee Paid (\$)             |                  | *************************************** |             | *************************************** |  |
| -  |   | =                              | x  | =                                  |                           |                  | . •                                     |             |   |  |
| HP = highest numb  3. APPLICATIO   | er of independent cla                       | aims paid for, if gi           | reater than 3  | •                                  |                           |                  |   |             |   |  |
| If the specific  | ation and drawin                            |                                |  |                                    |                           |                  |   |             |   |  |
|  | .52(e)), the appli                          |                                |  | 0 (\$135 for si                    | mall entity) for e        | ach additiona    | 1 50 sheets                             | or fraction | n thereof.                              |  |
| See 35 U. Total Sheets   | S.C. 41(a)(1)(G)<br>Extra S                 |                                |  | of each add                        | itional 50 or fra         | ction thereo     | f Fee                                   | <b>(\$)</b> | Fee Paid (\$)                           |  |
|  | - 100 =                                     |                                |  |                                    | d <b>up</b> to a whole nu |                  | . <u>255</u>                            | 757         | 1001410107                              |  |
|  |   |                                |  |                                    |                           |                  |   |             |   |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)                               |   |                                |  |                                    |                           |                  |   |             |   |  |
| Other (e.g., late filing surcharge): two-month extension of time (245) Supp. IDS (180)                         |   |                                |  |                                    |                           |                  |   |             | 425.00                                  |  |
|  |   |                                |  |                                    |                           |                  |   |             |   |  |
| SUBMITTED BY   |   | 1                              |  | 7   12                             | egistration No.           |                  |   |             |   |  |
| Signature  | ( ) L                                       | whend                          | hh   |                                    | ttorney/Agent             | 28,498           | Telepho                                 | ne 4        | 12-471-8815                             |  |
| Name (Print/Typ  | ame (Print/Type) Richard L. Byrne Date Augu |                                |  |                                    |                           |                  |   | Augu        | st 18, 2009                             |  |